

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10 516559

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		10				
5		10				
6		10				
7		10				
8		8				
9		8				
10		8				
11		8				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
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25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		2				
32		1				
33		1				
34		1				
35		1				
36		2				
37	1					
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46						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	57					
TOTAL CLAIMS	60					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS